

JAN 19 2007

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FROM: VICKIE HOEFT, PATENT ADMINISTRATOR

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MESSAGE:

ATTACHED PLEASE FIND A REVOCATION AND POWER OF ATTORNEY FORM WHICH WAS FILED IN APPLICATION NO. 10/825,786. PLEASE UPDATE THE CORRESPONDENCE ADDRESS AS INDICATED SO THAT WE WILL RECEIVE FUTURE COMMUNICATIONS FROM THE EXAMINER. THANK YOU.

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PTO/SB/83 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/825,786
Filing Date	4/18/2004
First Named Inventor	Russell A. Houser
Art Unit	unassigned
Examiner Name	unassigned
Attorney Docket Number	036624-009

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☒ all the attorneys/agents of record.

☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☐ all the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: per client instructions to transfer case to firm below

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

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OR

☒ Firm or Individual Name Philip Braginsky, Esq.

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Signature 

Name Robert E. Krebs Registration No. 25,885

Date 7/1/07 Telephone No. 408.292.5800

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FILE

Serial/Patent No.: 10/825,786

Filing/Issue Date: 4/16/04

Applicant: Russell A. Houser et al.

Title: Method and Devices for Treating Ischemic Congestive Heart Failure

TRP Docket No.: 036624-009

Atty/Secy Initials: REK/cd/caDate Mailed: 7/12/05

Docket Due Date:

The following has been received in the U.S. Patent & Trademark Office on the date stamped hereon:

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| <input type="checkbox"/> Amendment/Response (____ pgs.) | <input type="checkbox"/> IDS & PTO 1449 (____ pgs.) |
| <input type="checkbox"/> Appeal Brief (____ pgs.) (in triplicate) | <input type="checkbox"/> ____ Pieces of Prior Art Enclosed |
| <input type="checkbox"/> Application - Utility (____ pgs. with cover & abstract) | <input type="checkbox"/> Issue Fee Transmittal |
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